direct 'one step' metabolism and short action make Ativan preferable to diazepam

short-acting Ativan tends not to accumulate, therefore sedative effects are less frequent than with diazepam! the straightforward metabolism is another reason to prefer Ativan — for example, when liver function is impaired!
In hypertension

TENORMIN

Atenolol 100mg

The only beta-blocker to put it all together in one.

Full 24 hour control

One tablet daily

Wide patient spectrum

Few CNS side-effects

Hydrophobic

Possible advantages in smokers

Cardioselective

Cardioprotective

Tenormin fits the profile of the ideal beta-blocker for hypertension.

TENORMIN

A unique combination of hydrophilicity and cardioselectivity

Prescribing Notes:
Dosage: One tablet daily. Contraindications: Heart block, Co-administration with verapamil. Precautions: Unrestrained cardiac failure, bradycardia, renal failure, anaesthesia and pregnancy. Side Effects: Coldness of extremities and muscular fatigue. Sleep disturbance rarely seen. Rashes and dry eyes have been reported with beta blockers—consider discontinuation if they occur. Cessation of therapy with beta blockers should be gradual. Pack size and Basic NHS cost: 'Tenormin' 28s £7.27. Product Licence Number: 'Tenormin' 00259/022.

Full prescribing information is available on request to the company.

Stuart Pharmaceuticals Limited
Carr House Carrs Road
Cheadle Cheshire SK8 2EG

Tenormin is a trademark for atenolol.
1. For the patient who suffers episodic attacks — Inhaled Ventolin when necessary.

For those patients suffering only infrequent and episodic attacks of asthma, Inhaled Ventolin provides rapid and sustained relief of symptoms. Patients waking with early morning breathlessness will also benefit from the rapid onset of action. And taken before exertion, Ventolin provides protection against exercise-induced asthma.

VENTOLIN PRESCRIBING INFORMATION (Continued) Routine control of bronchospasm in bronchial asthma, bronchitis and emphysema, or as required to relieve attacks of acute bronchospasm. Doses may also be taken before exercise to prevent exercise-induced asthma or before exposure to a known unavoidable challenge. Dosage and administration As single doses for the relief of acute bronchospasm, for managing intermittent episodes of asthma and to prevent exercise-induced bronchospasm. Using Ventolin Inhaler — Adults: one or two inhalations. Children: one inhalation increasing to two, if necessary. Using Ventolin Spacer — Adults: one Ventolin Spacelav 200mg or 400mg. Children: one Ventolin Spacelav 200mg or 400mg. For chronic maintenance or prophylactic therapy. Using Ventolin Inhaler — Adults: two inhalations three or four times a day. Children: one inhalation three or four times a day increasing to two inhalations if necessary. Using Ventolin Spacer — Adults: one Ventolin Spacelav 200mg or 400mg three or four times a day. Children: one Ventolin Spacelav 200mg or 400mg three or four times a day. For optimum results in most patients inhaled Ventolin should be administered regularly. Contra-indications Ventolin preparations should not be used for the prevention of threatened abortion during the first or second trimester of pregnancy. Precautions If a previously effective dose of inhaled Ventolin fails to give relief lasting at least three hours, the patient should be advised to seek medical advice. Ventolin should be administered cautiously to patients suffering from thyrotoxicosis. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. Side effects No important side effects have been reported following treatment with inhaled Ventolin.

2. For the patient who requires prophylactic bronchodilator therapy — Inhaled Ventolin four times daily.

Routine bronchodilator therapy is indicated when asthmatic attacks become more frequent. The long duration of action of Inhaled Ventolin means that continuous protection against bronchospasm can be maintained on a four times daily dosage schedule.

Cross-section of bronchiole illustrating bronchospasm due to contraction of respiratory smooth muscle.

Becotide, Rotacone, Rotacone and Ventolin are trade marks of Allen & Hanbury Limited. Further information on Becotide and Ventolin is available from Allen & Hanbury Limited, Greenford Middlesex UB6 0SR.
ement in asthma and Becotide

3. For the patient with asthma involving inflammatory changes, add regular Inhaled Becotide.

The first sign of deterioration in asthma is often a waning response to bronchodilators brought about by inflammatory changes within the lungs. At this stage specific anti-inflammatory therapy is essential.

The early addition of Inhaled Becotide is indicated to control the inflammatory process, to restore lung function and the response to bronchodilators. The regular administration of Inhaled Becotide and Inhaled Ventolin will maintain lung function and prevent further deterioration in the condition of many of these patients.

Inhaled Ventolin and Becotide – a rational basis for prescribing in asthma

BECOTIDE PRESCRIBING INFORMATION Use Bronchial asthma especially in patients whose asthma is not adequately controlled by bronchodilators, and patients with severe asthma who would otherwise be dependent on systemic corticosteroids or adrenoconstrictor hormone (ACTH), or as a synthetic equivalent. Dosage and administration: Using Becotide Inhaler – Adults: two inhalations three or four times a day in the usual maintenance dose. In severe cases dosage may be started at twelve to sixteen inhalations per day and subsequently reduced when the patient begins to respond. Alternatively the usual daily dose may be administered as two divided doses. Children one or two inhalations, two, three or four times a day according to the response. Using Becotide Rotacaps – Adults: one 100mcg Becotide Rotacaps three or four times a day in the usual maintenance dose. Children: one 50mcg Becotide Rotacaps two, three or four times a day according to the response. For optimum results Inhaled Becotide should be administered regularly. Contra-indications: No specific contra-indications to Inhaled Becotide are known but special care is necessary in patients with active or recorded pulmonary tuberculosis. Precautions: The maximum daily intake of Beclometasone Dipropionate BP should not exceed 1mg. Inadequate response after the first wave of Inhaled Becotide therapy suggests that excessive mucus is preventing penetration of inhaled drug to the target area. A short course of systemic steroid is relatively high dosage should be given and therapy with inhaled Becotide continued. Unnecessary administration of drugs during the first trimester of pregnancy is undesirable. When transferring patients to Becotide from systemic steroid therapy the possibility of adrenocortical suppression should be considered and patients given a supply of oral steroids for use during periods of stress. Please refer to the detailed procedure described in the data sheet for Becotide Inhaler and Becotide Rotacaps. Side effects: Occasional candidiasis of the mouth and throat (thrush) occurs in some patients, particularly those with high blood levels of Candida precipitins. Topical therapy with antifungal agents usually clears the condition without withdrawal of Becotide. Prevention and Risk NNS uses Becotide Inhaler in a metered-dose aerosol delivering 500mcg Beclometasone Dipropionate BP per actuation. Each inhaler contains 200 inhalations. Each Becotide Rotacaps 100mcg and 200mcg each contain a mixture of the standard base and micronized Beclometasone Dipropionate BP and longer particle size in huff. Cross-section of bronchile illustrating bronchospasm complicated by the inflammatory components, bronchial mucosal oedema and hypersecretion of mucus.
Stay above the potassium debate

Will the patient's anti-hypertensive treatment lead to hypokalaemia?
If so, when should potassium supplements be given? At serum $K^+ < 3.5\text{m Eq/l}$? At serum $K^+ < 3.0\text{m Eq/l}$?
Should low serum $K^+$ be supplemented even if the patient is asymptomatic?

Aldactide 50 lets you stay above the debate. Clinical studies have shown that spironolactone therapy is potassium-sparing and is a more effective treatment in diuretic-induced hypokalaemia than potassium supplements, triamterene, or amiloride.

In hypertension

Aldactide 50
hydroflumethiazide + spironolactone

The Caring, Sparing Diuretic.

References:

Prescribing Information

Aldactide 50 tablets contain hydroflumethiazide 50mg and spironolactone 50mg. The tablets should be taken orally with food. The dosage should be increased gradually to the maximum dose of 100mg hydroflumethiazide and 100mg spironolactone daily.

Contra-indications, Warnings, etc.

Aldactide 50 is contraindicated in patients with anuria, severe hepatic impairment, or severe hyperkalaemia.

Side effects may include hypokalaemia, hyperuricaemia, and hyperglycaemia. In rare cases, spironolactone may cause gynaecomastia, impotence, and hair loss.

Seprac Pharmaceuticals, Inc., 10200 Washington Blvd., Irvine, CA 92710, USA. Telephone: (714) 753-5000. Fax: (714) 753-5001. The Caring, Sparing Diuretic. Aldactide 50. Copyright © 1980 Seprac Pharmaceuticals, Inc. All rights reserved.
ICI announce 'Inderex'.

'Inderex' is designed to give full 24-hour control of blood pressure from a single daily dose.

'Inderex' combines the world's most widely prescribed beta-blocker, 'Inderal' - in the form of 'Inderal' LA, with one of the world's most widely used diuretics, bendroflumazide.

'Inderex', the next logical step in the treatment of hypertension.

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INDEREX
Propranolol Hydrochloride in long-acting formulation and Bendroflumazide.

The next logical step
‘Inderal’ LA
Full
24 hour protection from a single dose.

ICI INDERAL LA
Propranolol hydrochloride BP.
Once daily in hypertension and angina.
Confidence inspired by outstanding results

Over 6,000 patients treated in clinical trials
Over 100 published papers

Since its launch, Augmentin has been recognised as offering enormous new potential in the treatment of bacterial infections.

A recent BMJ leader entitled 'Twenty-one years of beating beta-lactamases' referred to Augmentin's unique mode of action and to its clinical effectiveness:

"In the compound recently marketed under the name Augmentin, clavulanic acid is partnered by amoxicillin and the pair evidently correspond well in their pharmacokinetic behaviour, they appear to be well tolerated at the recommended dosage, and have been successfully used to treat infections due to both sensitive and beta-lactamase-producing organisms affecting the respiratory and urinary tracts and the soft tissues." 1

In practice, this means that you can rely on Augmentin when faced by patients with bacterial infections. 2,3

Augmentin has already been the subject of two International Symposia and a Drugs review Focus on Augmentin which attest both to its antibacterial activity and to its clinical efficacy. A boxed set of the proceedings of these symposia and/or Focus on Augmentin can be obtained on request to the Company.


Further information is available on request from the Company.

Beecham Research Laboratories
Brentford, England.
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The fast, simple and promote peptic
A specific way to ulcer healing

80% ulcers healed in one month¹
Rapid relief of pain, rapid healing of the ulcer.

No dosage simpler in peptic ulcer treatment
Specifically developed as b.d. treatment.

The benefits of highly specific H₂ blockade
Zantac treatment has not been shown to affect the central nervous system² to exert anti-anxiety medicinal effect or to cause drug interaction.

Zantac
RANITIDINE

A British advance from Glaxo
once a day
Uniphyllin
theophylline unicontin™ tablets
protecting asthmatics all the way through to bedtime tomorrow

NAPP British Expertise in Theophylline Therapy

Uses: Treatment and prophylaxis of bronchospasm associated with asthma, emphysema and chronic bronchitis; also cardiac asthma and left ventricular or congestive cardiac failure. Dosage and administration: 3 or 4 tablets taken as a single daily dose, following an initial week of therapy on 2 tablets daily. Tablets should be swallowed whole or halved and not chewed. Each tablet contains 200 mg theophylline BP. Contra-indications: None. Side-Effects: The risk of side-effects usually associated with theophylline and xanthine derivatives such as nausea, gastric irritation, headache and CNS stimulation are absent or much diminished. Basic NHS cost: 24p per day (ex. 100 pack. 4 c.d. I PL 0357/9027 Napp Laboratories Limited Watford WD2 7RA Member of Napp Pharmaceutical Group ™ Uniphyllin and Unicontin are Trade Marks ™ Napp Laboratories Limited 1982.
"... Teddy's better too, Grandma. Can we come tomorrow?"

Amoxil increasingly recommends itself outstanding safety profile. It is available in three different oral presentations which offer acceptable and convenient therapy for younger patients.

Amoxil – the leading antibiotic prescription for children in Britain.

Rapidly resolves young patients' infections.

Prescribing Information
Indications:
Commonly occurring bacterial infections of the upper and lower respiratory tract, urinary tract, skin and soft tissue.

Presentations:
Amoxil syrup: 250mg and syrups forte 250mg per 5ml PL 0008/0106/9
Amoxil paediatric suspension: 125mg per 1.25ml PL 0036/0107
Amoxil capsules: 250mg and 500mg PL 0008/0103/5
Amoxil dispersible tablets: 500mg PL 0008/0277
Amoxil 3g sachet: PL 0036/0238

Amoxil vials for injection: 250mg, 500mg and 3g PL 0008/0221/2/5

The amoxicillin content per dose-unit is present as the dichloride in Amoxil oral preparations and as the sodium salt in Amoxil injections.

Average treatment cost: children 39p/day (125mg syrups t.d.s.) adults 49p/day (250mg capsules t.d.s.)

Dispersible tablet: 35p per tablet (30 pack), 3g Sachet £1.20 per sachet.

Dosage
Children's Dosage (up to 10 years): Oral: 125mg three times a day. In severe infections doses should be doubled.

Injectable: 50-100mg/kg bodyweight per day in divided doses.

Adult Dosage
Oral: 250mg three times a day. In severe infections doses should be doubled.

Injectable: 500mg IM & hourly (or more frequently if necessary) in moderate infections. I.V. 3-4 hourly in severe infections.

Contra-Indications
Amoxil is a penicillin and should not be given to penicillin hyper-sensitive patients. Side-effects, as with other penicillins, are usually of a mild and transitory nature: they may include diarrhoea or indigestion. Occasionally a rash may occur, in which case treatment should be discontinued.

Since Amoxil is a penicillin, problems of overdose are unlikely to be encountered.

Further information on Amoxil (amoxicillin) is available from:

Bencard
Bencard, Great West Road, Brentford. Telephone: 01-346 5151

Amoxil and the Bencard logo are trademarks. December 1981 14289
“Tricyclics are extremely dangerous when taken in overdose”


PRESCRIBING INFORMATION
Indications Endogenous depression, reactive depression and anxiety, agitation, and insomnia associated with depressive illness.
Dosage Treatment should be initiated with 30mg a day as a single bedtime dose or in divided doses. Doses may be increased after the first week. The usual effective daily dosage is in the range of 30-60mg, although divided daily doses up to 200mg have been well tolerated.
Contra-Indications, Warnings, Etc.
Norval is not yet recommended for use in children or pregnancy. When treating patients with epilepsy, diabetes, hepatic or renal insufficiency, normal precautions should be exercised and the dosages of all medication kept under review. Care should be taken in patients with cardiomyopathy, but cardiotonic effects have not been seen at therapeutic dosage even in patients with pre-existing cardiac disease. Drowsiness may occur during the first few days of treatment and patients should be warned to avoid alcohol and activities that demand constant alertness. Norval may interact with clonidine, but does not interact with benzodiazepines, guanethidine, propranolol, or coumarin type anticoagulants; nevertheless, usual monitoring procedures should be followed. Concurrent use of Norval with MAOIs or barbiturates is not yet recommended.
Side-Effects Serious side-effects are uncommon. A small number of cases of white blood cell depression, reversible on cessation of treatment, have been reported; white blood cell counts are advisable in patients with persistent signs of infection. Paresthesia, usually mild, hyponatremia and convulsions have also been reported. Additional adverse reactions include breath disorder (hyperthermia, nipple tenderness and non-puerperal lactation), dizziness, postural hypotension and skin rash. Drowsiness may occur initially but no drug related anticholinergic effects have been observed.
Overdosage There is no specific antidote to Norval. Treatment is by gastric lavage with appropriate supportive therapy. Symptoms of overdose are normally confined to prolonged sedation.
Availability and NHS price 10mg, 20mg, and 30mg, mianserin hydrochloride tablets. Basic NHS cost per day (30mg, dosage) is £2.1p. (Price correct at time of printing.)

Self-poisoning with amitriptyline, and other tricyclic antidepressants is now implicated in some 10,000 hospital admissions¹ and 400 deaths² per annum—a tragic waste of human life on a scale equivalent to one death every day.

Norval is an effective antidepressant which, in contrast to the tricyclics, has a high safety margin in overdose.³ In the treatment of depressed patients, where the possibility of deliberate or accidental self-poisoning cannot easily be ruled out, the difference between Norval and the tricyclics can be life-saving.

Norval mianserin hydrochloride
Effective in depression without tricyclic overdose risks.

Further information on Norval (mianserin hydrochloride) is available from Bencard, Great West Road, Brentford, Middlesex, TW8 9BE. Norval and the Bencard logo are trade marks. PL0038/0082, 0275, 0248. 14270 November 1981
Calm, balanced and alert.
Practical diagnosis means effective management for atopic patients.

You often see atopic patients whose conditions are difficult to manage. Their range of symptoms may be confusing. In-vivo tests can be time consuming and impractical. Symptomatic treatment can seem the only option. Now, the hospital laboratory can confirm atopy and reliably identify important allergens. A single blood sample plus a full allergic history can cost effectively provide you with accurate information.

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RCGP
THE MSD FOUNDATION

Audiovisual Programmes for General Practitioner Training

Programmes for 1982

Our 1982 catalogue contains details of videocassette and tape/slide programmes for use with small groups in general practitioner training. They include:

Immunization in Childhood

1. Toby’s mother, a page editor for a national newspaper, is dubious about his receiving pertussis vaccine because of his eczema, a family history of atopy and the effect of correspondence with the Association of Parents of Vaccine Damaged Children.

2. Robin is nearly three and has severe asthma, but is currently well on alternate day prednisolone. He is about to start at playgroup and his parents are worried about contact with measles. They have heard that the vaccine can cause fits and this worries them.

3. Sophie is awaiting an appointment at a child development clinic because you believe there is moderate motor delay and her mother is suspicious she might be deaf. You see her at six months for her first triple.

4. Samantha, aged three and a half, has a soil-contaminated laceration of her right knee. Her notes have been mislaid and her mother, who has seven children, cannot remember whether she was immunized as a baby. Consider also what your practice would be if she had received a full course in infancy.

These are four of the 13 ‘short cases’ presented for group discussion in a tape/slide programme designed to help general practitioners understand the use and efficacy of the standard vaccines used in childhood. The sound track lasts 15 minutes and is combined with 60 slides to provide material for an hour and a half teaching session on the topic.

Videocassettes are available for sale on U-matic, VHS, Philips 1500 or Betamax formats, and the average cost is about £20-£25. Tape/slide programmes cost about £30 per session.

Further information, and catalogue, can be obtained by writing to:

The MSD Foundation
Tavistock House
Tavistock Square
London WC1
Tel: 01-387 6881
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Classified advertisements are welcomed and should be sent to: Production Department, The Journal of the Royal College of General Practitioners, Update Publications Ltd., 33/34 Alfred Place, London WC1E 7DP. Copy must be received six weeks before the 1st of the month of issue to ensure inclusion. Every effort will be made to include advertisements received after this date but publication cannot be guaranteed and the advertisement may have to be held over to the following issue.

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The inclusion of an advertisement in this Journal does not imply any recommendation and the Editor reserves the right to refuse any advertisement. All recruitment advertisements in this section are open to both men and women.

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New practice exams now available. Two MCQ papers (120 questions) covering the new subject areas as required by the Royal College. (This includes social and legal aspects, epidemiology, statistics and practice organization.) Answers and detailed teaching explanations provided together with computer sheets and free marking service. MEQ and TEQ papers have sample answers, explanations, marking schedules references and practical examination advice. Also hints on log diary, oral and reading suggestions. Send cheque now for £15 plus 60p p & p.

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Tel. Hemel Hempstead (0442) 52113

WELLINGTON CLINICAL SCHOOL OF MEDICINE
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SENIOR LECTURER IN GENERAL PRACTICE (Half-time)

Applications are invited from suitably qualified medical practitioners for this half-time post within the Wellington Clinical School of Medicine.

The appointee, who will be a member of the staff of the Department of Medicine, will be responsible for the development and co-ordination of educational and training programmes relating to general practice for medical students at the Wellington Clinical School.

It is anticipated that the appointee will work in association with the staff of various clinical departments already established. He or she will be expected to establish and maintain close professional relations with practitioners in the region, and will be encouraged to participate in research particularly related to general practice. It is expected that the balance of the appointee's time will be devoted to active general practice.

Salary: Senior Lecturer, pro rata—NZ$35,121–$45,213 per annum.

Further particulars are available from The Association of Commonwealth Universities (Appts), 36 Gordon Square, London WC1H 0PF; from The Dean, Wellington Clinical School of Medicine, Wellington Hospital, Wellington 2, New Zealand; or from The Registrar of the University, P.O. Box 56, Dunedin, New Zealand.

Applications to be returned as soon as possible.

PARTNERSHIP REQUIRED


COMPUTERS AND THE GENERAL PRACTITIONER

This new book published by Pergamon Press for the Royal College of General Practitioners follows from a Study Day organized by the College in 1981. The chapters are written by a number of doctors with personal experience of computing in general practice as well as experts on the subject. The topics include a general review, examples of the experience of some early pioneers, the problem of security, education, audit and ECG analysis, and perceptive reviews on the challenge and opportunities for further development.

Computers and the General Practitioner is available now from the Publication Sales Department, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU, price £10.00 plus 50p postage. Payment should be made with order.
Behind the gentleness of

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bumetanide and slow release potassium chloride

lies the power of

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gently effective
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Burinex tablets
combine strength with
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Burinex injection
fast powerful action for emergencies

Formulations: Burinex Injection: 0.5 mg/ml in 2 ml, 4 ml and 10 ml ampoules. Burinex Tablets: 1 mg and 5 mg. Burinex K: 0.5 mg bumetanide, 7.7 mmol slow release potassium chloride. Indications: Acute pulmonary oedema and oedema of cardiac, renal or hepatic origin. Dosages: Burinex Injection: Initially 1-2 mg i.v., if necessary repeated at 20 minute intervals to achieve desired response. Where appropriate higher doses may be given by infusion over 30-60 minutes. Burinex Tablets: Most patients require 1 mg Burinex daily as morning or evening dose. In refractory cases dosage can be increased to achieve the desired response. For high dose treatment 5 mg Burinex should be given initially and increased by 5 mg steps at 12-24 hour intervals until desired response is achieved. Burinex K: Most patients require 2 tablets Burinex K daily. Contra-indications, Precautions and Side Effects: Contra-indicated in hepatic coma, severe electrolyte depletion and severe progressive renal failure. Hypokalaemia and circulatory collapse may follow inappropriately excessive diuresis. Concurrent digitalis therapy in association with electrolyte disturbances may lead to digitalis toxicity. Concurrent antihypertensive or anti-diabetic therapy may require adjustment. Cautions should be exercised in the first trimester of pregnancy. Burinex K is contra-indicated in combination with potassium sparing agents. Burinex K should be stopped immediately if signs or symptoms of bowel ulceration appear. Side effects such as skin rashes, muscular cramps, rises in serum uric acid and thrombocytopenia may rarely occur. Product Licence Numbers: Burinex Injection: 0043/0066; Burinex Tablets: 0043/0201, 0043/0043; Burinex K: 0043/0278. Basic N.H.S. Prices: Burinex Injection: 0.5 mg/ml - 5 x 4 ml £3.34; Burinex Tablets: 1 mg - 100 tabs £4.74; Burinex K: 100 tabs £3.24

*Burinex is a trade mark

Leo Laboratories Limited, Longwick Road, Risborough, Aylesbury, Bucks. HP7 9RR